

<i>SERFF Tracking Number:</i>	<i>TPCI-125902394</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Phoenix Life and Annuity Company</i>	<i>State Tracking Number:</i>	<i>40909</i>
<i>Company Tracking Number:</i>	<i>T609</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>1 Year Non-Convertible Term 2</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Phoenix Life and Annuity Company

Product Name: 1 Year Non-Convertible Term 2 SERFF Tr Num: TPCI-125902394 State: ArkansasLH

TOI: L04I Individual Life - Term SERFF Status: Closed State Tr Num: 40909

Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: T609 State Status: Filed-Closed

Fixed/Indeterminate Premium

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Authors: Peter Scavongelli, Scott Disposition Date: 11/24/2008

Zweig, Joseph Bonfitto, Marilyn

Dolan, Elizabeth Wheeler, Barbara

Slater, James Bronsdon, Kathleen

Underwood, Jean Bulger

Date Submitted: 11/17/2008 Disposition Status: Accepted For

Informational Purposes

Implementation Date:

Implementation Date Requested: 12/20/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Underlying forms
not filed in CT

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

SERFF Tracking Number: TPCI-125902394 State: Arkansas
Filing Company: Phoenix Life and Annuity Company State Tracking Number: 40909
Company Tracking Number: T609
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: 1 Year Non-Convertible Term 2
Project Name/Number: /

Please see cover letter.

Company and Contact

Filing Contact Information

James Bronsdon, Assistant Vice President james.bronsdon@phoenixwm.com
One American Row (860) 403-6111 [Phone]
Hartford, CT 06102 (860) 403-7252[FAX]

Filing Company Information

Phoenix Life and Annuity Company CoCode: 93734 State of Domicile: Connecticut
One American Row Group Code: 403 Company Type: Life and Annuities
Hartford, CT 06102 Group Name: State ID Number:
(860) 403-5000 ext. [Phone] FEIN Number: 43-1240953

Filing Fees

Fee Required? Yes
Fee Amount: \$10.00
Retaliatory? No
Fee Explanation: Info Filing - \$10.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Phoenix Life and Annuity Company	\$10.00	11/17/2008	23973966

SERFF Tracking Number:	TPCI-125902394	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		11/24/2008	11/24/2008

<i>SERFF Tracking Number:</i>	<i>TPCI-125902394</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 11/24/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>TPCI-125902394</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Phoenix Life and Annuity Company</i>	<i>State Tracking Number:</i>	<i>40909</i>
<i>Company Tracking Number:</i>	<i>T609</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>

Product Name: *1 Year Non-Convertible Term 2*

Project Name/Number: */*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes

SERFF Tracking Number: *TPCI-125902394*

State: *Arkansas*

Filing Company: *Phoenix Life and Annuity Company*

State Tracking Number: *40909*

Company Tracking Number: *T609*

TOI: *L04I Individual Life - Term*

Sub-TOI: *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: *1 Year Non-Convertible Term 2*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	TPCI-125902394	State:	Arkansas
Filing Company:	Phoenix Life and Annuity Company	State Tracking Number:	40909
Company Tracking Number:	T609		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	1 Year Non-Convertible Term 2		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Application	Review Status:	11/13/2008
Comments:			
Attachment:			
OL537 Application.pdf			

Satisfied -Name:	Cover Letter	Review Status:	11/14/2008
Comments:			
Attachment:			
AR - Cover Letter 2001 CSO PLAC.pdf			

Attached is the form you requested. In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

Section A	Indicate whether this is a request for Split-Dollar documents or for Split-Dollar servicing.
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Section B	Basic policy information - required
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Section C	Split-Dollar plan design - required
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Section D	<p>Complete this section only if requesting Split-Dollar forms. Signature requirements are based on the owner designation of the policy/contract. Examples are:</p> <ul style="list-style-type: none"> • Individual: Print and sign your full name as it appears on the policy/contract. • Multiple Owners: All partners must sign (unless a form authorizing one partner to sign is on file with us). • Corporation: Titled officer must sign. The officer's title must also be indicated. <i>NOTE: In general, the insured/annuitant should not sign as officer. We ask that an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.</i> • Trust: The current trustee(s) must sign. <p style="text-align: center;">All forms must be dated in order to process your request.</p>
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Contact Information	<table border="0"> <tr> <td style="vertical-align: top;"> Delivery <ul style="list-style-type: none"> • <i>U. S. Mail:</i> PO Box 8027 Boston MA 02266 • <i>Shipping:</i> 30 Dan Road, Suite 8027 Canton MA 02021-2809 </td> <td style="vertical-align: top;"> Phone <ul style="list-style-type: none"> • (800) 628-1936 (Traditional Life) • (800) 541-0171 (Variable Life) </td> <td style="vertical-align: top;"> FAX <ul style="list-style-type: none"> • (816) 502-4920 (Traditional Life) • (816) 221-7036 (Variable Life) </td> </tr> </table>	Delivery <ul style="list-style-type: none"> • <i>U. S. Mail:</i> PO Box 8027 Boston MA 02266 • <i>Shipping:</i> 30 Dan Road, Suite 8027 Canton MA 02021-2809 	Phone <ul style="list-style-type: none"> • (800) 628-1936 (Traditional Life) • (800) 541-0171 (Variable Life) 	FAX <ul style="list-style-type: none"> • (816) 502-4920 (Traditional Life) • (816) 221-7036 (Variable Life)
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NOTE: If submitting this form with an application for a **new policy**, send all paperwork (including a copy of the illustration) **directly to New Business.**

A. This form is for all Split-Dollar administration services offered by Phoenix. These include: 1) The preparation of collateral assignment or endorsements required with Split-Dollar agreements and 2) Reporting the annual economic benefit cost associated with Split-Dollar.
For new policies a copy of the illustration must be included.

- ☐ Request for Split-Dollar Documents (Complete all Parts)
☐ Request for Split-Dollar Servicing (Complete Parts I and II) Beginning for Tax year _____

Requester Name and Phone Number _____

B. Basic Information (Required)

For **New Policies** include Policy Application Number **or** for **Inforce/Existing Policies** include Policy Number:

Name of First Insured		Name of Second Insured	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Sponsor (usually employer/cash value owner)		Was this policy the result of a 1035 Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Split-Dollar Plan Design (Required)

Section 1 - Premium, Cash Value and Death Benefit Splits (Complete subsections a, b, c, d and e)

Note: Death Benefit Owner (DBO) is usually insured or designee of insured (e.g. Trust).

- a. Effective date of Split-Dollar agreement _____.
- b. **Premium Split (Select one):**
- ☐ Employer-pay-all (Employer/Sponsor pays the entire premium due.)
☐ Offset (Employee/DBO's contribution is the term cost using the lowest term rate. Sponsor/Employer pays the balance.)
☐ Employee/DBO pays uniform annual amount of \$ _____ (Sponsor/Employer pays the balance.)
☐ Other (See Section 2A for uncommon premium splits.)
- c. **Sponsor's Cash Value Interest (Select one):**
- ☐ Equity (Cumulative premiums paid by the Sponsor)
☐ Total cash value
☐ Other (See Section 2B for uncommon cash value splits.)
- d. **Death Benefit Split (Select one):**
- ☐ Sponsor/Employer receives amount equal to the Total Cash Value
☐ Sponsor/Employer receives amount equal to cumulative premiums paid by the Sponsor/Employer
 Check one if applicable: ☐ Not to exceed cash value ☐ Cash value if greater
☐ Employee/DBO receives specified amount of: \$ _____
☐ Other (See Section 2C for uncommon death benefit splits.)
- e. **Premium History** (except for NEW policies, please complete the appropriate section)
 Cumulative premiums as of 12/31 of the year prior to the tax year requested (eg. 12/31/01 if request is for tax year 2002)
- 1.) Check and complete for policies that do not contain Optionterm, 5th Dividend, Cost of Living or Other Term Riders **(Select one):**
- ☐ Sponsor/Employer has paid all premiums
☐ Sponsor/Employer has paid a total of \$ _____
☐ Employee/DBO has paid a total of \$ _____
- 2.) Check and complete for policies that contain Optionterm, 5th Dividend, Cost of Living or Other Term Riders
 Sponsor/Employer has paid a total of \$ _____

Section 2 - Uncommon Arrangements (Complete Subsections a, b and c)

a - Uncommon Premium Splits (Complete if "Other" was selected in Section 1.a)

- ☐ Offset (Death Benefit Owner's contribution is equal to the term cost using following table _____ (eg. Gov't., PHL99, PHL97)
- ☐ Employer/Sponsor pays uniform annual amount of \$ _____ (Employer/DBO pays balance.)
- ☐ Specified % of the premium: ____ % Paid by (check one): ☐ Sponsor/Employer ☐ Death Benefit Owner/Employee
- ☐ Other* _____

b - Uncommon Cash Value Interest Splits (Complete if "Other" was selected in Section 1.b)

- ☐ Total Premiums paid by the Sponsor/Employer. ☐ Plus Cost of Money (Rate ____%)

Plus Bonus Amount (choose one):

- ☐ No Bonus
- ☐ Single Bonus-equal to DBO/Employee's outlay. DBO/Employee's assumed tax bracket ____%
- ☐ Double Bonus-equal to DBO/Employee's outlay plus gross-up amount. DBO/Employee's assumed tax bracket ____%

Recovery Amount (choose one if Single or Double Bonus is checked):

- ☐ Gross Bonus
- ☐ Net Bonus-calculate Sponsor/Employer's net cost of bonus. Sponsor/Employer's assumed tax bracket ____%
- ☐ Other* _____

For in-force plans include the following information if applicable: Cumulative Cost of Money: _____ Cumulative Bonus _____
--

c - Uncommon Death Benefit Splits (Complete if "Other" was selected in Section 1.c)

- ☐ Same as definition in Section 4. (Check one if applicable: ☐ Not to exceed cash value ☐ Cash value if greater)
- ☐ Sponsor/Employer receives specified amount \$ _____
- ☐ Sponsor/Employer receives specified percentage of death benefit: ____ %
- ☐ Other* _____

D. Complete only if requesting Split-Dollar forms

Method (must check one): ☐ Collateral Assignment Non-Majority Shareholder ☐ Endorsement

☐ Limited Collateral Assignment Controlling/Majority Shareholder[†]

Sponsor/Employer's Address (Include No., Street and/or PO Box)	Sponsor/Employer's State of Incorporation
(City, State and ZIP Code)	Tax Identification Number
Name of Death Benefit Owner if different than Insured	Relationship to Insured
Address (Include No., Street and/or PO Box)	
(City, State and ZIP Code)	
If Death Benefit Owner is Trust give Name of Trustee(s)	Date of Trust Document

Death Benefit Owner's Beneficiary(ies)

Primary Beneficiary	Relationship to Insured
Address (Include No., Street and/or PO Box)	
(City, State and ZIP Code)	
Contingent Beneficiary	Relationship to Insured
Address (Include No., Street and/or PO Box)	
(City, State and ZIP Code)	

* IMPORTANT NOTE: If "Other" is selected in the Alternate Split-Dollar Arrangement Sections, the policy may not be serviceable by Phoenix's Split-Dollar Servicing System. Attach additional instructions if necessary.

[†] The limited collateral assignment can be used where estate tax avoidance is desired if the insured is a controlling shareholder and the policy is to be owned by a third party. It is sometimes used for "Private Split-Dollar" arrangements as well. Consult Advanced Marketing for advice on the proper form.



James Bronsdon – Assistant Vice President

Life & Annuity State Compliance Office
One American Row Hartford, CT 06102-5056
(860) 403-6111 Fax: (860) 403-5296
Toll Free: 1-800-349-9267 (press 2, then 3)
Email: James.Bronsdon@phoenixwm.com

November 13, 2008

Mr. Joe Musgrove
Department of Insurance
State of Arkansas
1200 West Third Street
Little Rock, Arkansas 72201

Re: **Phoenix Life and Annuity Company**
NAIC # 67814, FEIN # 06-0493340

Informational Filing – 2001 CSO Mortality Table Change
Form T609 AR – 1 Year Non-Convertible Survivorship Term
Form T611 AR – 1 Year Non-Convertible Term

Dear Mr. Musgrove:

We make this filing on an informational basis to notify the Department that we will begin using the 2001 CSO Mortality Table in the above noted previously approved forms effective on December 20, 2008, for new policies issued on that date and thereafter. No in-force policies will be affected by the change. The only change is to update the actuarial memoranda for the new basis of computation under the 2001 CSO Mortality Table. There are no changes to the policy forms.

Accordingly, enclosed please find revised actuarial memoranda that have been updated to reflect the use of the 2001 CSO Mortality Table.

The previous approval dates for the policies are as follows;

Form T609 AR - 3/14/2000
Form T611 AR - 3/14/2000

Please do not hesitate to contact me if you have any questions regarding this submission. Thank you for your attention to this matter.

Sincerely,



James F. Bronsdon